



## Certified Leak Tightness Tester for Gasoline Cargo Tanks Application Form

### Applicant

Name: \_\_\_\_\_  
*First Middle Last*

If Applicable:

Cargo Tank (CT) Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Facility

Please Check One: New Facility: \_\_\_\_ Change of Owner: \_\_\_\_ New Tester at Certified Facility: \_\_\_\_

Name: \_\_\_\_\_

Cargo Tank (CT) Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Questions

What is the average number of trucks you have certified per year?

How many trucks do you plan to certify this year?

Is there any day of the week that is better for your facility to conduct a certification?

How many testers does your facility have?

Have you been certified by another state or jurisdiction in the past? Please note where.

Email Application to: [Melanie.Henderson@ncdenr.gov](mailto:Melanie.Henderson@ncdenr.gov)

Or

Mail Application to: Division of Air Quality  
1641 Mail Service Center  
Raleigh, NC 27699-1641  
Attention: Melanie Henderson

Or

Fax Application to: 919-715-0718

<https://deg.nc.gov/about/divisions/air-quality/motor-vehicles-air-quality/leak-lightness-testing>

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